

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/914660**

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          |      |                        |      |                        |      |
| 5            |          |      |                        |      |                        |      |
| 6            |          |      |                        |      |                        |      |
| 7            |          |      |                        |      |                        |      |
| 8            |          |      |                        |      |                        |      |
| 9            |          |      |                        |      |                        |      |
| 10           |          |      |                        |      |                        |      |
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| 12           |          |      |                        |      |                        |      |
| 13           |          |      |                        |      |                        |      |
| 14           |          |      |                        |      |                        |      |
| 15           |          |      |                        |      |                        |      |
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| 19           |          |      |                        |      |                        |      |
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| 28           |          |      |                        |      |                        |      |
| 29           |          |      |                        |      |                        |      |
| 30           |          |      |                        |      |                        |      |
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| 37           |          |      |                        |      |                        |      |
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| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      |                        |      |                        |      |
| TOTAL DEP.   |          |      |                        |      |                        |      |
| TOTAL CLAIMS |          |      |                        |      |                        |      |

|              | *    |      | *    |      | *    |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
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| 98           |      |      |      |      |      |      |
| 99           |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      |      |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET<br>(FOR USE WITH FORM PTO-875) |          |      |                        |      |                        |      | SERIAL NO.<br><b>09/914660</b> |   | FILING DATE |      |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|---|-------------|------|
| APPLICANT(S)   |          |      |                        |      |                        |      |                                |   |             |      |
| CLAIMS   |          |      |                        |      |                        |      |                                |   |             |      |
|  | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |                                | * |             |      |
|  | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |                                |   |             | IND. |
| 1  |          |      |                        |      |                        |      |                                |   |             |      |
| 2  |          |      |                        |      |                        |      |                                |   |             |      |
| 3  |          |      |                        |      |                        |      |                                |   |             |      |
| 4  |          |      |                        |      |                        |      |                                |   |             |      |
| 5  |          |      |                        |      |                        |      |                                |   |             |      |
| 6  |          |      |                        |      |                        |      |                                |   |             |      |
| 7  |          |      |                        |      |                        |      |                                |   |             |      |
| 8  |          |      |                        |      |                        |      |                                |   |             |      |
| 9  |          |      |                        |      |                        |      |                                |   |             |      |
| 10   |          |      |                        |      |                        |      |                                |   |             |      |
| 11   |          |      |                        |      |                        |      |                                |   |             |      |
| 12   |          |      |                        |      |                        |      |                                |   |             |      |
| 13   |          |      |                        |      |                        |      |                                |   |             |      |
| 14   |          |      |                        |      |                        |      |                                |   |             |      |
| 15   |          |      |                        |      |                        |      |                                |   |             |      |
| 16   |          |      |                        |      |                        |      |                                |   |             |      |
| 17   |          |      |                        |      |                        |      |                                |   |             |      |
| 18   |          |      |                        |      |                        |      |                                |   |             |      |
| 19   |          |      |                        |      |                        |      |                                |   |             |      |
| 20   |          |      |                        |      |                        |      |                                |   |             |      |
| 21   |          |      |                        |      |                        |      |                                |   |             |      |
| 22   |          |      |                        |      |                        |      |                                |   |             |      |
| 23   |          |      |                        |      |                        |      |                                |   |             |      |
| 24   |          |      |                        |      |                        |      |                                |   |             |      |
| 25   |          |      |                        |      |                        |      |                                |   |             |      |
| 26   |          |      |                        |      |                        |      |                                |   |             |      |
| 27   |          |      |                        |      |                        |      |                                |   |             |      |
| 28   |          |      |                        |      |                        |      |                                |   |             |      |
| 29   |          |      |                        |      |                        |      |                                |   |             |      |
| 30   |          |      |                        |      |                        |      |                                |   |             |      |
| 31   |          |      |                        |      |                        |      |                                |   |             |      |
| 32   |          |      |                        |      |                        |      |                                |   |             |      |
| 33   |          |      |                        |      |                        |      |                                |   |             |      |
| 34   |          |      |                        |      |                        |      |                                |   |             |      |
| 35   |          |      |                        |      |                        |      |                                |   |             |      |
| 36   |          |      |                        |      |                        |      |                                |   |             |      |
| 37   |          |      |                        |      |                        |      |                                |   |             |      |
| 38   |          |      |                        |      |                        |      |                                |   |             |      |
| 39   |          |      |                        |      |                        |      |                                |   |             |      |
| 40   |          |      |                        |      |                        |      |                                |   |             |      |
| 41   |          |      |                        |      |                        |      |                                |   |             |      |
| 42   |          |      |                        |      |                        |      |                                |   |             |      |
| 43   |          |      |                        |      |                        |      |                                |   |             |      |
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| 50   |          |      |                        |      |                        |      |                                |   |             |      |
| TOTAL IND.   |          |      |                        |      |                        |      |                                |   |             |      |
| TOTAL DEP.   |          |      |                        |      |                        |      |                                |   |             |      |
| TOTAL CLAIMS   |          |      |                        |      |                        |      |                                |   |             |      |

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| 100          |  |  |  |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |  |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1380 (REV. 3-78)